Fill in this information to identify your case:

United States Bankruptcy Court for the:

Nevada

Case number (*If known*): ____________

Chapter you are filing under:

- ☐ Chapter 7
- ☒ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	CAMERON First name BASSETT Middle name GALLAWAY Last name ____ Suffix (Sr., Jr., II, III)	____ First name ____ Middle name ____ Last name ____ Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years Include your married or maiden names.	____ First name ____ Middle name ____ Last name ____ First name ____ Middle name ____ Last name	____ First name ____ Middle name ____ Last name ____ First name ____ Middle name ____ Last name
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx – xx – 3 9 4 5 OR 9 xx – xx – ____	xxx – xx – ____ OR 9 xx – xx – ____

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and *doing business as* names	❑ I have not used any business names or EINs. GALLAWAY VENTURES INC. Business name Gallaway Construction, Inc. Business name 2 0 – 4 6 6 7 1 5 2 EIN 2 0 – 8 8 5 3 9 9 6 EIN	❑ I have not used any business names or EINs. Business name Business name __ __ – __ __ __ __ __ __ __ EIN __ __ – __ __ __ __ __ __ __ EIN
5. Where you live	2858 SHALE CREEK DRIVE Number Street RENO NV 89511 City State ZIP Code WASHOE County **If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address. Number Street P.O. Box City State ZIP Code	**If Debtor 2 lives at a different address:** Number Street City State ZIP Code County **If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address. Number Street P.O. Box City State ZIP Code
6. Why you are choosing *this district* to file for bankruptcy	*Check one:* ☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ❑ I have another reason. Explain. (See 28 U.S.C. § 1408.)	*Check one:* ❑ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ❑ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form B2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7
- ☒ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

8. How you will pay the fee

☒ **I will pay the entire fee when I file my petition**. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments**. If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☒ No

☐ Yes. District ________ When ________ MM / DD / YYYY Case number ________

District ________ When ________ MM / DD / YYYY Case number ________

District ________ When ________ MM / DD / YYYY Case number ________

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No

☐ Yes. Debtor ________ Relationship to you ________

District ________ When ________ MM / DD / YYYY Case number, if known ________

Debtor ________ Relationship to you ________

District ________ When ________ MM / DD / YYYY Case number, if known ________

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number *(if known)*

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- [x] No. Go to Part 4.
- [ ] Yes. Name and location of business

Name of business, if any

Number Street

City State ZIP Code

Check the appropriate box to describe your business:

- [ ] Health Care Business (as defined in 11 U.S.C. § 101(27A))
- [ ] Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- [ ] Stockbroker (as defined in 11 U.S.C. § 101(53A))
- [ ] Commodity Broker (as defined in 11 U.S.C. § 101(6))
- [ ] None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- [ ] No. I am not filing under Chapter 11.
- [ ] No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- [x] Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

- [x] No
- [ ] Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?
Number Street

City State ZIP Code

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number *(if known)* ____________________

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- [x] No. Go to line 16b.
- [ ] Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- [ ] No. Go to line 16c.
- [x] Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

____

17. Are you filing under Chapter 7?

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- [x] No. I am not filing under Chapter 7. Go to line 18.
- [ ] Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
  - [ ] No
  - [ ] Yes

18. How many creditors do you estimate that you owe?

[x] 1-49	[ ] 1,000-5,000	[ ] 25,001-50,000
[ ] 50-99	[ ] 5,001-10,000	[ ] 50,001-100,000
[ ] 100-199	[ ] 10,001-25,000	[ ] More than 100,000
[ ] 200-999		

19. How much do you estimate your assets to be worth?

[ ] $0-$50,000	[ ] $1,000,001-$10 million	[ ] $500,000,001-$1 billion
[ ] $50,001-$100,000	[ ] $10,000,001-$50 million	[ ] $1,000,000,001-$10 billion
[ ] $100,001-$500,000	[ ] $50,000,001-$100 million	[ ] $10,000,000,001-$50 billion
[x] $500,001-$1 million	[ ] $100,000,001-$500 million	[ ] More than $50 billion

20. How much do you estimate your liabilities to be?

[ ] $0-$50,000	[x] $1,000,001-$10 million	[ ] $500,000,001-$1 billion
[ ] $50,001-$100,000	[ ] $10,000,001-$50 million	[ ] $1,000,000,001-$10 billion
[ ] $100,001-$500,000	[ ] $50,000,001-$100 million	[ ] $10,000,000,001-$50 billion
[ ] $500,001-$1 million	[ ] $100,000,001-$500 million	[ ] More than $50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

✘ /s/ CAMERON BASSETT GALLAWAY
Signature of Debtor 1

Executed on 06/07/2017
MM / DD / YYYY

✘ ____________________
Signature of Debtor 2

Executed on ____________________
MM / DD / YYYY

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

✘ /s/ /s/ J. Craig Demetras
Signature of Attorney for Debtor

Date 06/07/2017
MM / DD / YYYY

J. Craig Demetras
Printed name

Law Offices of J. Craig Demetras
Firm name

230 E. LIBERTY STREET
Number Street

RENO
City

NV
State

89501
ZIP Code

Contact phone (775) 348-4600

Email address mail@demetras-oneill.com

4246
Bar number

NV
State

Fill in this information to identify your case and this filing:

Debtor 1: CAMERON BASSETT GALLAWAY
First Name / Middle Name / Last Name

Debtor 2 (Spouse, if filing): ______________________
First Name / Middle Name / Last Name

United States Bankruptcy Court for the: Nevada

Case number ______________________

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. **Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1. 2858 SHALE CREEK DRIVE
Street address, if available, or other description

____

RENO NV 89511
City / State / ZIP Code

WASHOE
County

What is the property? Check all that apply.
☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other ______________________

Who has an interest in the property? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $ 650,000.00

Current value of the portion you own? $ 325,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Community Property

☒ **Check if this is community property** (see instructions)

Other information you wish to add about this item, such as local property identification number: ______________________

If you own or have more than one, list here:

1.2. 74-855 Iwalani Place
Street address, if available, or other description

____

Kailua Kona HI See
City / State / ZIP Code

____
County

What is the property? Check all that apply.
☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other ______________________

Who has an interest in the property? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $ 549,199.00

Current value of the portion you own? $ 274,599.50

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Joint Tenancy with Right of Survivorship

☐ **Check if this is community property** (see instructions)

Other information you wish to add about this item, such as local property identification number: ______________________

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name
Case number (*if known*)

1.3. 73-1185 Ahikawa St
Street address, if available, or other description

Kailua Kona HI 96740
City State ZIP Code

County

What is the property? Check all that apply.
- [X] Single-family home
- [ ] Duplex or multi-unit building
- [ ] Condominium or cooperative
- [ ] Manufactured or mobile home
- [ ] Land
- [ ] Investment property
- [ ] Timeshare
- [ ] Other

Who has an interest in the property? Check one.
- [ ] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [X] At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$ 488,921.00	$ 244,460.50

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
Joint Tenancy with Right of Survivorship

- [ ] **Check if this is community property** (see instructions)

Other information you wish to add about this item, such as local property identification number:

See Attachment 2: Additional Real Property

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. .... ➔** $846,060.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases.*

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**
- [ ] No
- [X] Yes

3.1. Make: Ford
Model: F150
Year: 2006
Approximate mileage: 175000
Other information:

Who has an interest in the property? Check one.
- [ ] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [X] At least one of the debtors and another

- [ ] **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$ 8,000.00	$ 4,000.00

If you own or have more than one, describe here:

3.2. Make: XL883CAL
Model: See
Year: 2000
Approximate mileage:
Other information:

Who has an interest in the property? Check one.
- [X] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$ 1,400.00	$ 1,400.00

3.3. Make: ____
Model: ____
Year: ____
Approximate mileage: ____
Other information:

Who has an interest in the property? Check one.
- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ❑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another

❑ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$	$

3.4. Make: ____
Model: ____
Year: ____
Approximate mileage: ____
Other information:

Who has an interest in the property? Check one.
- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ❑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another

❑ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$	$

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ❑ No
- ☒ Yes

4.1. Make: Ski Doo
Model: Summit
Year: 2007
Other information:

Who has an interest in the property? Check one.
- ☒ Debtor 1 only
- ❑ Debtor 2 only
- ❑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another

❑ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$800.00	$800.00

If you own or have more than one, list here:

4.2. Make: PJIM
Model: Utility
Year: 2005
Other information:

Who has an interest in the property? Check one.
- ☒ Debtor 1 only
- ❑ Debtor 2 only
- ❑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another

❑ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$700.00	$700.00

5. **Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** .... ➔ $6,900.00

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name
Case number (*if known*)

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☒ Yes. Describe......... household furnishings; CD's & DVD's — $4,100.00

7. **Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☒ No
☐ Yes. Describe......... — $

8. **Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No
☐ Yes. Describe......... — $

9. **Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No
☒ Yes. Describe......... skis, tennis raquets, golf clubs; fishing/hunting equipment — $600.00

10. **Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No
☒ Yes. Describe......... Colt .45 — $200.00

11. **Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No
☒ Yes. Describe......... clothing — $500.00

12. **Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No
☒ Yes. Describe......... family gold ring — $200.00

13. **Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No
☐ Yes. Describe......... — $

14. **Any other personal and household items you did not already list, including any health aids you did not list**

☒ No
☐ Yes. Give specific information.............. — $

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** .... ➔ $5,600.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- [ ] No
- [x] Yes

Cash: $5,200.00

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- [ ] No
- [x] Yes

	Institution name:	
17.1. Checking account:	Bank of Hawaii	$4,043.30
17.2. Checking account:	Bank of Hawaii - 8473	$4,402.50
17.3. Savings account:		$
17.4. Savings account:		$
17.5. Certificates of deposit:		$
17.6. Other financial account:		$
17.7. Other financial account:		$
17.8. Other financial account:		$
17.9. Other financial account:		$

See Attachment 4: Additional Deposits of Money

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- [x] No
- [ ] Yes

Institution or issuer name:	
	$
	$
	$

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- [ ] No
- [x] Yes. Give specific information about them.

Name of entity:	% of ownership:	
Gallaway Ventures Inc.	100 %	$1,000.00
	%	$
	%	$

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No
☐ Yes. Give specific information about them. ....

Issuer name:	
	$
	$
	$

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No
☒ Yes. List each account separately..

Type of account:	Institution name:	
401(k) or similar plan:	Hewitt	$69,123.56
Pension plan:		$
IRA:	TD Ameritrade	$11,171.82
Retirement account:		$
Keogh:		$
Additional account:		$
Additional account:		$

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No
☐ Yes..........................

	Institution name or individual:	
Electric:		$
Gas:		$
Heating oil:		$
Security deposit on rental unit:		$
Prepaid rent:		$
Telephone:		$
Water:		$
Rented furniture:		$
Other:		$

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No
☐ Yes..........................

Issuer name and description:	
	$
	$
	$

24. **Interests in an education IRA**, **in an account in a qualified ABLE program**, **or under a qualified state tuition program**.
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No
☐ Yes .... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

$
$
$

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No
☐ Yes. Give specific information about them. .. $

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No
☐ Yes. Give specific information about them. .. $

27. **Licenses, franchises, and other general intangibles**
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No
☐ Yes. Give specific information about them. .. $

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal: $
State: $
Local: $

29. **Family support**
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No
☐ Yes. Give specific information. ....

Alimony: $
Maintenance: $
Support: $
Divorce settlement: $
Property settlement: $

30. **Other amounts someone owes you**
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No
☐ Yes. Give specific information. .... $

31. **Interests in insurance policies**
Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- [ ] No
- [x] Yes. Name the insurance company of each policy and list its value. ...

Company name:	Beneficiary:	Surrender or refund value:
Northwestern Mutual LIfe		$8,520.97
Northwestern Mutual Life		$8,955.06
		$

32. **Any interest in property that is due you from someone who has died**
If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- [x] No
- [ ] Yes. Give specific information. .... $

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**
Examples: Accidents, employment disputes, insurance claims, or rights to sue

- [x] No
- [ ] Yes. Describe each claim. .... $

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- [x] No
- [ ] Yes. Describe each claim. .... $

35. **Any financial assets you did not already list**

- [x] No
- [ ] Yes. Give specific information. .... $

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** .... ➔ $113,951.93

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

- [ ] No. Go to Part 6.
- [x] Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. **Accounts receivable or commissions you already earned**

- [x] No
- [ ] Yes. Describe .... $

39. **Office equipment, furnishings, and supplies**
Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- [x] No
- [ ] Yes. Describe .... $

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☐ No
☒ Yes. Describe....... ladders, various tools used for business $8,300.00

41. **Inventory**

☒ No
☐ Yes. Describe....... $

42. **Interests in partnerships or joint ventures**

☒ No
☐ Yes. Describe.......

Name of entity:	% of ownership:	
	%	$
	%	$
	%	$

43. **Customer lists, mailing lists, or other compilations**

☒ No
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))**?**

☒ No
☐ Yes. Describe......... $

44. **Any business-related property you did not already list**

☒ No
☐ Yes. Give specific information ....

$
$
$
$
$
$

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** .... ➔ $8,300.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. **Farm animals**

Examples: Livestock, poultry, farm-raised fish

☒ No
☐ Yes.......................... $

48. **Crops—either growing or harvested**

☒ No
☐ Yes. Give specific information. .... $________

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

☒ No
☐ Yes.......................... $________

50. **Farm and fishing supplies, chemicals, and feed**

☒ No
☐ Yes.......................... $________

51. **Any farm- and commercial fishing-related property you did not already list**

☒ No
☐ Yes. Give specific information. .... $________

52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** .... ➔ $0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**
Examples: Season tickets, country club membership

☒ No
☐ Yes. Give specific information. .... $________ $________ $________

54. **Add the dollar value of all of your entries from Part 7. Write that number here** .... ➔ $________

Part 8: List the Totals of Each Part of this Form

55. **Part 1: Total real estate, line 2** .... ➔ $846,060.00

56. **Part 2: Total vehicles, line 5**	$6,900.00		
57. **Part 3: Total personal and household items, line 15**	$5,600.00		
58. **Part 4: Total financial assets, line 36**	$113,951.93		
59. **Part 5: Total business-related property, line 45**	$8,300.00		
60. **Part 6: Total farm- and fishing-related property, line 52**	$0.00		
61. **Part 7: Total other property not listed, line 54**	+ $0.00		
62. **Total personal property.** Add lines 56 through 61.	$134,751.93	Copy personal property total ➔	+ $134,751.93

63. **Total of all property on Schedule A/B.** Add line 55 + line 62. .... $980,811.93

Attachment
Debtor: CAMERON BASSETT GALLAWAY Case No:

Attachment 1: Real Property

96740-9650

Attachment 2: Additional Real Property

Location: Ainaloa parcel # 3-1-6-067-091-0000-000, HI
Nature of the Property: Land
Current Value of the Property: $8,000.00
Current Value of Debtor's Ownership Interest: $2,000.00
Nature of Debtor's Ownership Interest: Joint Tenancy with Right of Survivorship
Parties with an Interest in the Property: The Debtor and another
Community Property: no

Attachment 3

Harley Davidson

Attachment 4: Additional Deposits of Money

Checking Account with Bank of America - 6275
Value: $28.56

Checking Account with Wells Fargo - 9792
Value: $1,506.16

Fill in this information to identify your case:

Debtor 1: CAMERON (First Name) BASSETT (Middle Name) GALLAWAY (Last Name)

Debtor 2 (Spouse, if filing): First Name / Middle Name / Last Name

United States Bankruptcy Court for the: Nevada

Case number (If known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming?** *Check one only, even if your spouse is filing with you.*

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on *Schedule A/B* that lists this property	**Current value of the portion you own** (Copy the value from *Schedule A/B*)	**Amount of the exemption you claim** (*Check only one box for each exemption.*)	**Specific laws that allow exemption**
Brief description: See Attachment 1 Line from *Schedule A/B:* 1.1	$325,000.00	☒ $ 550,000.00 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(l)
Brief description: household furnishings Line from *Schedule A/B:* 6	$4,000.00	☒ $ 4,000.00 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(b)
Brief description: CD's & DVD's Line from *Schedule A/B:* 6	$100.00	☒ $ 100.00 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(b)

3. **Are you claiming a homestead exemption of more than $160,375?**
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
  ☐ No
  ☐ Yes

Debtor 1 CAMERON BASSETT GALLAWAY Case number (*if known*)
First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption*	Specific laws that allow exemption
Brief description: clothing Line from *Schedule A/B:* 11	$500.00	☒ $ 500.00 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(b)
Brief description: family gold ring Line from *Schedule A/B:* 12	$200.00	☒ $ 200.00 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(a)
Brief description: Colt .45 Line from *Schedule A/B:* 10	$200.00	☒ $ 200.00 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(i)
Brief description: See Attachment 2 Line from *Schedule A/B:* 9	$200.00	☒ $ 200.00 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(z)
Brief description: Northwestern Mutual Life Line from *Schedule A/B:* 31	$8,520.97	☒ $ 8,520.97 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(k)
Brief description: 401k Line from *Schedule A/B:* 21	$69,123.56	☒ $ 70,000.00 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(r)
Brief description: IRA Line from *Schedule A/B:* 21	$11,171.82	☒ $ 10,000.00 ☐ 100% of fair market value, up to any applicable statutory limit	U.S.C. 11 § 522(b)(3)(C)
Brief description: Gallaway Ventures Inc. Line from *Schedule A/B:* 19	$1,000.00	☒ $ 1,000.00 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(bb)
Brief description: See Attachment 3 Line from *Schedule A/B:* 3.1	$4,000.00	☒ $ 15,000.00 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(f)
Brief description: 2007 Ski Doo Summit Line from *Schedule A/B:* 4.1	$800.00	☒ $ 400.00 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(z)
Brief description: fishing/hunting equipment Line from *Schedule A/B:* 9	$400.00	☒ $ 400.00 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(z)
Brief description: 2005 utility trailer Line from *Schedule A/B:* 4.2	$700.00	☒ $ 700.00 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(d)

Debtor 1 CAMERON BASSETT GALLAWAY Case number (*if known*)
First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption*	Specific laws that allow exemption
Brief description: Bank of Hawaii - 3670 Line from *Schedule A/B:* 17.1	$ 4,043.30	☒ $ 3,032.48 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(g)
Brief description: Bank of Hawaii - 8473 Line from *Schedule A/B:* 17.2	$ 4,402.50	☒ $ 3,301.88 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(g)
Brief description: Bank of America - 6275 Line from *Schedule A/B:* 17.10	$ 28.56	☒ $ 21.42 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(g)
Brief description: Wells Fargo - 9792 Line from *Schedule A/B:* 17.11	$ 1,506.16	☒ $ 1,129.62 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(g)
Brief description: Northwestern Mutual Life Line from *Schedule A/B:* 31	$ 8,955.06	☒ $ 8,955.06 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(k)
Brief description: See Attachment 4 Line from *Schedule A/B:* 40	$ 8,300.00	☒ $ 8,300.00 ☐ 100% of fair market value, up to any applicable statutory limit	NRS § 21.090(1)(d)
Brief description: Line from *Schedule A/B:*	$	☐ $ ☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	☐ $ ☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	☐ $ ☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	☐ $ ☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	☐ $ ☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	☐ $ ☐ 100% of fair market value, up to any applicable statutory limit	

Attachment
Debtor: CAMERON BASSETT GALLAWAY Case No:

Attachment 1

2858 SHALE CREEK DRIVE
RENO, NV 89511

Attachment 2

skis, tennis raquets, golf clubs

Attachment 3

2006 Ford F150 with 175000 miles.

Attachment 4

ladders, various tools used for business

Fill in this information to identify your case:

Debtor 1: CAMERON BASSETT GALLAWAY
First Name / Middle Name / Last Name

Debtor 2 (Spouse, if filing): ______
First Name / Middle Name / Last Name

United States Bankruptcy Court for the: Nevada

Case number (If known) ______

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. **Do any creditors have claims secured by your property?**
   - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
   - ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. **List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A **Amount of claim** Do not deduct the value of collateral.	Column B **Value of collateral that supports this claim**	Column C **Unsecured portion** If any
2.1 BSI	$726,522.12	$650,000.00	$76,522.12
2.2 OCWEN	$596,478.75	$488,921.00	$596,478.75

2.1

BSI
Creditor's Name

314 S. FRANKLIN STREET
Number Street

TITUSVILLE PA 16354
City State ZIP Code

Describe the property that secures the claim:
2858 SHALE CREEK DRIVE
RENO, NV 89511

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
- ☒ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) ______

Date debt was incurred ______

Last 4 digits of account number 0 1 5 3

2.2

OCWEN
Creditor's Name

P. O. Box 24781
Number Street

West Palm Beach FL See
City State ZIP Code

Describe the property that secures the claim:
73-1185 Ahikawa St

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.
- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
- ☒ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) ______

Date debt was incurred 12/2/2005

Last 4 digits of account number ___ ___ ___ ___

Add the dollar value of your entries in Column A on this page. Write that number here: $1,323,000.87

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

Part 1: **Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

		Column A **Amount of claim** Do not deduct the value of collateral.	*Column B* **Value of collateral that supports this claim**	*Column C* **Unsecured portion** If any
23 OCWEN (Creditor's Name); P. O. Box 24781 (Number Street); West Palm Beach FL See (City State ZIP Code)	**Describe the property that secures the claim:** 74-855 Iwalani Place	$595,232.99	$549,199.00	$595,232.99
24 Creditor's Name; Number Street; City State ZIP Code	**Describe the property that secures the claim:**	$0.00	$0.00	$
25 Creditor's Name; Number Street; City State ZIP Code	**Describe the property that secures the claim:**	$0.00	$0.00	$

Entry 23

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) ____________

Date debt was incurred 11/29/2006

Last 4 digits of account number ___ ___ ___ ___

Entry 24

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) ____________

Date debt was incurred ____________

Last 4 digits of account number ___ ___ ___ ___

Entry 25

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) ____________

Date debt was incurred ____________

Last 4 digits of account number ___ ___ ___ ___

Add the dollar value of your entries in Column A on this page. Write that number here: $595,232.99

If this is the last page of your form, add the dollar value totals from all pages. Write that number here: $1,918,233.86

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name and address	Line in Part 1 / Account
☐ BSI Name P. O. BOX 517 Number Street TITUSVILLE PA 16354 City State ZIP Code	**On which line in Part 1 did you enter the creditor?** 2.1 **Last 4 digits of account number** 0 1 5 3
☐ SABLES LLC Name c/o ZIEVE BRODNAX & STEELE Number Street 3753 HOWARD HUGHES PKWY, STE 200 LAS VEGAS NV 89169 City State ZIP Code	**On which line in Part 1 did you enter the creditor?** 2.1 **Last 4 digits of account number** 0 1 5 3
☐ OCWEN Name 12650 INGENUITY DRIVE Number Street ORLANDO FL 32826-2703 City State ZIP Code	**On which line in Part 1 did you enter the creditor?** 2.2 **Last 4 digits of account number** ___ ___ ___ ___
☐ OCWEN Name 12650 INGENUITY DRIVE Number Street ORLANDO FL 32826-2703 City State ZIP Code	**On which line in Part 1 did you enter the creditor?** 2.3 **Last 4 digits of account number** ___ ___ ___ ___
☐ Name Number Street City State ZIP Code	**On which line in Part 1 did you enter the creditor?** _____ **Last 4 digits of account number** ___ ___ ___ ___
☐ Name Number Street City State ZIP Code	**On which line in Part 1 did you enter the creditor?** _____ **Last 4 digits of account number** ___ ___ ___ ___

Attachment
Debtor: CAMERON BASSETT GALLAWAY Case No:

Attachment 1

33416-4781

Attachment 2

33416-4781

Fill in this information to identify your case:

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Nevada

Case number ______________________
(If known)

❑ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims against you?**
   - ☒ No. Go to Part 2.
   - ❑ Yes.

2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

   (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1				
____ Priority Creditor's Name	**Last 4 digits of account number** ___ ___ ___ ___	$_____	$_____	$_____
____ Number Street	**When was the debt incurred?** _____			
____ City State ZIP Code	**As of the date you file, the claim is:** Check all that apply. ❑ Contingent ❑ Unliquidated ❑ Disputed			
Who incurred the debt? Check one. ❑ Debtor 1 only ❑ Debtor 2 only ❑ Debtor 1 and Debtor 2 only ❑ At least one of the debtors and another ❑ **Check if this claim is for a community debt**	**Type of PRIORITY unsecured claim:** ❑ Domestic support obligations ❑ Taxes and certain other debts you owe the government ❑ Claims for death or personal injury while you were intoxicated ❑ Other. Specify _____			
Is the claim subject to offset? ❑ No ❑ Yes				
2.2				
____ Priority Creditor's Name	**Last 4 digits of account number** ___ ___ ___ ___	$_____	$_____	$_____
____ Number Street	**When was the debt incurred?** _____			
____ City State ZIP Code	**As of the date you file, the claim is:** Check all that apply. ❑ Contingent ❑ Unliquidated ❑ Disputed			
Who incurred the debt? Check one. ❑ Debtor 1 only ❑ Debtor 2 only ❑ Debtor 1 and Debtor 2 only ❑ At least one of the debtors and another ❑ **Check if this claim is for a community debt**	**Type of PRIORITY unsecured claim:** ❑ Domestic support obligations ❑ Taxes and certain other debts you owe the government ❑ Claims for death or personal injury while you were intoxicated ❑ Other. Specify _____			
Is the claim subject to offset? ❑ No ❑ Yes				

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1 ALLIED COLLECTION SERVICE
Nonpriority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___
When was the debt incurred? ________

Total claim: $1,131.00

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☒ Disputed

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical Services

4.2 BENNETT MEDICAL SERVICE
Nonpriority Creditor's Name
P.O. BOX 13150
Number Street
OVERLAND PARK KS 66282-2141
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___
When was the debt incurred? 1/29/2013

Total claim: $ Unknown

As of the date you file, the claim is: Check all that apply.
☒ Contingent
☐ Unliquidated
☒ Disputed

Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical Services

4.3 BSI
Nonpriority Creditor's Name
314 S. FRANKLIN STREET
Number Street
TITUSVILLE PA 16354
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___
When was the debt incurred? ________

Total claim: $ 76,522.12

As of the date you file, the claim is: Check all that apply.
☒ Contingent
☐ Unliquidated
☒ Disputed

Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify unsecured from Shale Creek property

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim**

4.4

CARSON TAHOE HEALTHCARE
Nonpriority Creditor's Name
P. O. BOX 1660
Number Street
GREELEY CO 80632-1660
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 4/14/2003

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Services

$ Unknown

4.5

CHASE
Nonpriority Creditor's Name
P. O. BOX 15298
Number Street
WILMINGTON DE 19850-5298
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 5/8/2006

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Credit Card Charges

$ 10,230.00

4.6

CHASE
Nonpriority Creditor's Name
P. O. BOX 15298
Number Street
WILMINGTON DE 19850-5298
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 3/12/2007

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Credit Card Charges

$ 26,406.00

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim**

4.7

CHASE CARD
Nonpriority Creditor's Name
P. O. BOX 15298
Number Street
WILMINGTON DE 19850-5298
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

$ 43,476.00

When was the debt incurred? 6/3/2007

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Credit Card Charges

4.8

COLLECTION SERVICE OF NEVADA
Nonpriority Creditor's Name
777 FOREST STREET
Number Street
RENO NV 89509-1711
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

$ 58.00

When was the debt incurred? ___________

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Services

4.9

DEPARTMENT OF EMPLOYMENT
Nonpriority Creditor's Name
500 E. 3RD STREET
Number Street
CARSON CITY NV 89713
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

$ notice only

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? ___________

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify___________________

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim**

4.10 DIVERSIFIED CONSULTANTS
Nonpriority Creditor's Name
10550 DEERWOOD PARK BLVD
Number Street
JACKSONVILLE FL 32256
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $339.00

When was the debt incurred? ___________

As of the date you file, the claim is: Check all that apply.
- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify General Services

4.11 GRANT & WEBER
Nonpriority Creditor's Name
5586 S. FORT APACHE ROAD ST
Number Street
LAS VEGAS NV 89148
City State ZIP Code

Who incurred the debt? Check one.
- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $487.00

When was the debt incurred? 6/1/2013

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify ___________

4.12 HANDYMAN CONNECTION
Nonpriority Creditor's Name
11115 KENWOOD ROAD
Number Street
BLUE ASH OH 45242
City State ZIP Code

Who incurred the debt? Check one.
- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $Unknown

When was the debt incurred? ___________

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify expired franchise agreement

Part 2: Your NONPRIORITY Unsecured Claims —Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim**

4.13 HOSPITAL COLLECTION
Nonpriority Creditor's Name
P. O. BOX 89504
Number Street
RENO NV 89504
City State ZIP Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [ ] Unliquidated
- [x] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Medical Services

$ 514.00

4.14 HOSPITAL COLLECTION
Nonpriority Creditor's Name
P. O. BOX 89504
Number Street
RENO NV 89504
City State ZIP Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [ ] Unliquidated
- [x] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Medical Services

$ 585.00

4.15 INTERNAL REVENUE SERVICE
Nonpriority Creditor's Name
P. O. BOX 7346
Number Street
PHILADELPHIA PA 19101-7346
City State ZIP Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify ____________

$ notice only

Part 2: Your NONPRIORITY Unsecured Claims —Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim**

4.16 MONTEAUX GOLF & COUNTRY CLUB
Nonpriority Creditor's Name
18077 BORDEAUX DRIVE
Number Street
RENO NV 89511
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number __ __ __ __

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.
- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify__________

Total claim: $ Unknown

4.17 NATIONAL BUSINESS FACTOR
Nonpriority Creditor's Name
969 MICA DRIVE
Number Street
CARSON CITY NV 89705-7170
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number __ __ __ __

When was the debt incurred? ________

As of the date you file, the claim is: Check all that apply.
- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Services

Total claim: $ 688.00

4.18 NEVADA DEPARTMENT OF TAXATION
Nonpriority Creditor's Name
4600 KIETZKE LANE, SUITE L-235
Number Street
RENO NV 89502
City State ZIP Code

Who incurred the debt? Check one.
- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number __ __ __ __

When was the debt incurred? ________

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify__________

Total claim: $ notice only

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name
Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims —Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim**

4.19 NEVADA DEPARTMENT OF TAXATION
Nonpriority Creditor's Name
555 E. WASHINGTON AVENUE #1300
Number Street
LAS VEGAS NV 89101
City State ZIP Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number ___ ___ ___ ___

$ notice only

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [ ] Other. Specify________________________________

4.20 NEVADA DEPARTMENT OF TAXATION
Nonpriority Creditor's Name
1550 COLLEGE PARKWAY, SUITE 115
Number Street
CARSON CITY NV 89706-7937
City State ZIP Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number ___ ___ ___ ___

$ notice only

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [ ] Other. Specify________________________________

4.21 NEVADA EMPLOYMENT SECURITY DIVISION
Nonpriority Creditor's Name
500 E. THIRD STREET
Number Street
CARSON CITY NV 89713
City State ZIP Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

$ notice only

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [ ] Other. Specify________________________________

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim**

4.22

NEVADA LABOR COMMISSION
Nonpriority Creditor's Name
1818 COLLEGE PKWY SUITE 102
Number Street
CARSON CITY NV 89706-7986
City State ZIP Code

Last 4 digits of account number __ __ __ __ $ notice only

When was the debt incurred? ______

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ❑ Debtor 2 only
- ❑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another

❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ❑ Yes

Type of **NONPRIORITY** unsecured claim:

- ❑ Student loans
- ❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ❑ Debts to pension or profit-sharing plans, and other similar debts
- ❑ Other. Specify________

4.23

NORTHERN NEVADA EMERGENCY PHYSICIANS
Nonpriority Creditor's Name
P. O. BOX 95728
Number Street
OKLAHOMA CITY OK 73143-5728
City State ZIP Code

Last 4 digits of account number __ __ __ __ $ Unknown

When was the debt incurred? ______

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
- ❑ Unliquidated
- ☒ Disputed

Who incurred the debt? Check one.

- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ❑ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ❑ Yes

Type of **NONPRIORITY** unsecured claim:

- ❑ Student loans
- ❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ❑ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Services

4.24

OFFICE OF THE U.S. TRUSTEE
Nonpriority Creditor's Name
300 BOOTH STREET, ROOM 3009
Number Street
RENO NV 89509
City State ZIP Code

Last 4 digits of account number __ __ __ __ $ notice only

When was the debt incurred? ______

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ❑ Debtor 2 only
- ❑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another

❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ❑ Yes

Type of **NONPRIORITY** unsecured claim:

- ❑ Student loans
- ❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ❑ Debts to pension or profit-sharing plans, and other similar debts
- ❑ Other. Specify________

Part 2: **Your NONPRIORITY Unsecured Claims —Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim**

4.25

RED HILLS HOLDINGS, LLC
Nonpriority Creditor's Name
2250 NW FLANDERS STREET SUITE GO2
Number Street
PORTLAND OR 97210
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? ________

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify See Attachment 1

$ Unknown

4.26

REGIONAL ADJUSTMENT BUREAU
Nonpriority Creditor's Name
1900 CHARLES BRYAN SUITE 110
Number Street
CORDOVA TN 38016-0411
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 1/13/2017

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify UG Residential Insurance Co.

$ Unknown

4.27

RENO RADIOLOGICAL ASSOCIATES
Nonpriority Creditor's Name
P. O. BOX 30034
Number Street
RENO NV 89520
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 12/13/2013

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Services

$ Unknown

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim**

4.28

RENOWN
Nonpriority Creditor's Name
P. O. BOX 30019
Number Street
RENO NV 89520
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $ Unknown

When was the debt incurred? 8/14/2003

As of the date you file, the claim is: Check all that apply.
- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Services

4.29

RENOWN HEALTH
Nonpriority Creditor's Name
P. O. BOX 3006
Number Street
RENO NV 89520
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $ Unknown

When was the debt incurred? 1/21/2014

As of the date you file, the claim is: Check all that apply.
- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Services

4.30

SOCIAL SECURITY ADMINISTRATION
Nonpriority Creditor's Name
160 SPEAR STREET, SUITE 1300
Number Street
SAN FRANCISCO CA 94105-1545
City State ZIP Code

Who incurred the debt? Check one.
- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☒ No
- ☐ Yes

$ notice only

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify________________________

Debtor 1 CAMERON BASSETT GALLAWAY Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims —Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim**

4.31

SUMMIT COLLECTION SERVICES
Nonpriority Creditor's Name
491 COURT STREET
Number Street
RENO NV 89501
City State ZIP Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number ___ ___ ___ ___ $ 1,696.00

When was the debt incurred? ___________

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [ ] Unliquidated
- [x] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify unknown (doesn't belong to debtor)

4.32

SUMMIT COLLECTION SERVICES
Nonpriority Creditor's Name
491 COURT STREET
Number Street
RENO NV 89501
City State ZIP Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number ___ ___ ___ ___ $ 50.00

When was the debt incurred? ___________

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [ ] Unliquidated
- [x] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Medical Services

4.33

USAA
Nonpriority Creditor's Name
P. O. BOX 659817
Number Street
SAN ANTONIO TX 78265-9117
City State ZIP Code

Who incurred the debt? Check one.

- [ ] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [x] At least one of the debtors and another
- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

$ Unknown

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? ___________

As of the date you file, the claim is: Check all that apply.

- [x] Contingent
- [ ] Unliquidated
- [x] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify unsecured equity line on Shale Creek

Part 2: Your NONPRIORITY Unsecured Claims —Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim**

4.34

USAA SAVINGS BANK
Nonpriority Creditor's Name
P. O. BOX 33009
Number Street
SAN ANTONIO TX 78265-3009
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

$ 11,700.00

When was the debt incurred? 2/23/11

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Credit Card Charges

4.35

Nonpriority Creditor's Name
Number Street
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

$___________

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify________________________________

4.36

Nonpriority Creditor's Name
Number Street
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☐ No
- ☐ Yes

$___________

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify________________________________

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name
Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

FRANKLIN COLLECTION SERVICE, INC.
Name
P. O. BOX 3910
Number Street

TUPELO, MS 38803-3910
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.10 of (*Check one*): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

SMALL BUSINESS ADMINISTRATION
Name
409 3RD STREET
Number Street

WASHINGTON, DC 20416
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.25 of (*Check one*): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

USAA
Name
10750 MCDERMITT FWY
Number Street

SAN ANTONIO, TX 78244
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.33 of (*Check one*): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line _____ of (*Check one*): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line _____ of (*Check one*): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line _____ of (*Check one*): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line _____ of (*Check one*): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a. **Domestic support obligations**	6a.	$
	6b. **Taxes and certain other debts you owe the government**	6b.	$
	6c. **Claims for death or personal injury while you were intoxicated**	6c.	$
	6d. **Other.** Add all other priority unsecured claims. Write that amount here.	6d.	+ $
	6e. **Total.** Add lines 6a through 6d.	6e.	$

			Total claim
Total claims from Part 2	6f. **Student loans**	6f.	$ 0.00
	6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**	6g.	$ 0.00
	6h. **Debts to pension or profit-sharing plans, and other similar debts**	6h.	$ 0.00
	6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ $ 173,882.12
	6j. **Total.** Add lines 6f through 6i.	6j.	$ 173,882.12

Attachment
Debtor: CAMERON BASSETT GALLAWAY Case No:

Attachment 1

SBA LOAN (property foreclosed 3 years ago)

Fill in this information to identify your case:

Debtor: CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Debtor 2 (Spouse If filing): ______
First Name Middle Name Last Name

United States Bankruptcy Court for the: Nevada

Case number (If known): ______

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**
   - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
   - ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	MATHEW & ANDREA MALPIT (Name) 74-855 IWALANI PLACE (Number Street) KAILUA KONA HI 96740 (City State ZIP Code)	74-855 IWALANI PLACE KAILUA KONA, HI 96740 See Attachment 1
2.2	CHRISTINE & SOO KIM AND LAURA RUMINSKI (Name) 73-1185 AHIKAWA STREET (Number Street) KAILUA-KONA HI 96740 (City State ZIP Code)	73-1185 AHIKAWA STREET KAULUA-KONA, HI 96740 (upstairs unit)
2.3	DODOTT, CHONG-KALIMA, CHONG AND CHONG (Name) P. O. BOX 2523 (Number Street) KAILUA-KONA HI 96740 (City State ZIP Code)	73-1185 AHIKAWA STREET KAILUA-KONA, HI 96740 (downstairs unit)
2.4	Name Number Street City State ZIP Code	
2.5	Name Number Street City State ZIP Code	

Attachment

Attachment 1

Additional Contacts for Executory Contract With MATHEW & ANDREA MALPIT:
EATHAN OLINS
76-726 HUALALAI ROAD
KONA, HI 96740

Fill in this information to identify your case:

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Nevada

Case number
(If known)

❑ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
   - ❑ No
   - ☒ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
   - ❑ No. Go to line 3.
   - ☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
     - ❑ No
     - ☒ Yes. In which community state or territory did you live? Nevada; . Fill in the name and current address of that person.

   LISA GALLAWAY
   Name of your spouse, former spouse, or legal equivalent

   3585 BLUE JAY COURT
   Number Street

   RENO NV 89509
   City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or Schedule G (Official Form 106G). Use *Schedule D, Schedule E/F, or Schedule G* to fill out Column 2.**

	Column 1: **Your codebtor**	*Column 2:* **The creditor to whom you owe the debt** Check all schedules that apply:
3.1	LISA GALLAWAY (Name) 3585 BLUE JAY COURT (Number Street) RENO (City) NV (State) 89509 (ZIP Code)	☒ Schedule D, line 2.1 ☒ Schedule E/F, line See Attachment ❑ Schedule G, line
3.2	EATHAN OLINS (Name) 76-726 HUALALAI ROAD (Number Street) KONA (City) HI (State) 96740 (ZIP Code)	☒ Schedule D, line 2.3, ❑ Schedule E/F, line ❑ Schedule G, line
3.3	EATHAN OLINS (Name) 76-726 HUALALAI ROAD (Number Street) KONA (City) HI (State) 96740 (ZIP Code)	❑ Schedule D, line ❑ Schedule E/F, line ☒ Schedule G, line 2.1,

Attachment

Debtor: CAMERON BASSETT GALLAWAY Case No:

Attachment 1

4.34, 4.7, 4.5, 4.6, 4.17, 4.10, 4.26, 4.25, 4.3, 4.33, 4.4, 4.28, 4.23, 4.2, 4.27, 4.29, 4.16

Fill in this information to identify your case:

Debtor 1: CAMERON BASSETT GALLAWAY
First Name / Middle Name / Last Name

Debtor 2 (Spouse, if filing): ______
First Name / Middle Name / Last Name

United States Bankruptcy Court for the: Nevada

Case number (If known): ______

Check if this is:
- ❑ An amended filing
- ❑ A supplement showing post-petition chapter 13 income as of the following date: ______ MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

   If you have more than one job, attach a separate page with information about additional employers.

   Include part-time, seasonal, or self-employed work.

   Occupation may Include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	☒ Employed ❑ Not employed	❑ Employed ❑ Not employed
Occupation		
Employer's name		
Employer's address	Number Street City State ZIP Code	Number Street City State ZIP Code
How long employed there?		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$ 0.00	$ 0.00
3. **Estimate and list monthly overtime pay.**	3.	+ $ 0.00	+ $ 0.00
4. **Calculate gross income.** Add line 2 + line 3.	4.	$ 0.00	$ 0.00

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here .... ➔	4.	$ 0.00	$ 0.00
5. **List all payroll deductions:**			
5a. **Tax, Medicare, and Social Security deductions**	5a.	$ 0.00	$ 0.00
5b. **Mandatory contributions for retirement plans**	5b.	$ 0.00	$ 0.00
5c. **Voluntary contributions for retirement plans**	5c.	$ 0.00	$ 0.00
5d. **Required repayments of retirement fund loans**	5d.	$ 0.00	$ 0.00
5e. **Insurance**	5e.	$ 0.00	$ 0.00
5f. **Domestic support obligations**	5f.	$ 0.00	$ 0.00
5g. **Union dues**	5g.	$ 0.00	$ 0.00
5h. **Other deductions.** Specify: ____________	5h.	+ $ 0.00	+ $ 0.00
6. **Add the payroll deductions**. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	$ 0.00	$ 0.00
7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$ 0.00	$ 0.00
8. **List all other income regularly received:**			
8a. **Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$ 24,636.35	$ 0.00
8b. **Interest and dividends**	8b.	$ 0.00	$ 0.00
8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$ 0.00	$ 0.00
8d. **Unemployment compensation**	8d.	$ 0.00	$ 0.00
8e. **Social Security**	8e.	$ 0.00	$ 0.00
8f. **Other government assistance that you regularly receive** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: ____________	8f.	$ 0.00	$ 0.00
8g. **Pension or retirement income**	8g.	$ 0.00	$ 0.00
8h. **Other monthly income.** Specify: sale of BMW	8h.	+ $ 1,500.00	+ $ 0.00
9. **Add all other income**. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	$ 26,136.35	$ 0.00

10. **Calculate monthly income.** Add line 7 + line 9.
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. $ 26,136.35 + $ 0.00 = $ 26,136.35

11. **State all other regular contributions to the expenses that you list in *Schedule J*.**
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify: ____________ 11. + $ 0.00

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.
Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information,* if it applies 12. $ 26,136.35
Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**
☐ No.
☒ Yes. Explain: the sale of BMW in May was a one time occurance

Fill in this information to identify your case:

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Nevada

Case number
(If known)

Check if this is:

❑ An amended filing
❑ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**

☒ No. Go to line 2.
❑ Yes. **Does Debtor 2 live in a separate household?**

☒ No
❑ Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

2. **Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

❑ No
☒ Yes. Fill out this information for each dependent........................

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
daughter	15	❑ No ☒ Yes
daughter	11	❑ No ☒ Yes
		❑ No ❑ Yes
		❑ No ❑ Yes
		❑ No ❑ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?**

☒ No
❑ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

		Your expenses
4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	$ 0.00
If not included in line 4:		
4a. Real estate taxes	4a.	$ 0.00
4b. Property, homeowner's, or renter's insurance	4b.	$ 0.00
4c. Home maintenance, repair, and upkeep expenses	4c.	$ 100.00
4d. Homeowner's association or condominium dues	4d.	$ 215.00

Debtor 1 CAMERON BASSETT GALLAWAY Case number (*if known*)
First Name Middle Name Last Name

		Your expenses
5. **Additional mortgage payments for your residence**, such as home equity loans	5.	$ 0.00
6. **Utilities:**		
6a. Electricity, heat, natural gas	6a.	$ 350.00
6b. Water, sewer, garbage collection	6b.	$ 0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	$ 0.00
6d. Other. Specify:	6d.	$ 0.00
7. **Food and housekeeping supplies**	7.	$ 600.00
8. **Childcare and children's education costs**	8.	$ 0.00
9. **Clothing, laundry, and dry cleaning**	9.	$ 200.00
10. **Personal care products and services**	10.	$ 100.00
11. **Medical and dental expenses**	11.	$ 100.00
12. **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$ 0.00
13. **Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$ 200.00
14. **Charitable contributions and religious donations**	14.	$ 0.00
15. **Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	$ 0.00
15b. Health insurance	15b.	$ 0.00
15c. Vehicle insurance	15c.	$ 0.00
15d. Other insurance. Specify:	15d.	$ 0.00
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	$ 0.00
17. **Installment or lease payments:**		
17a. Car payments for Vehicle 1	17a.	$ 0.00
17b. Car payments for Vehicle 2	17b.	$ 0.00
17c. Other. Specify:	17c.	$
17d. Other. Specify:	17d.	$
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).**	18.	$ 0.00
19. **Other payments you make to support others who do not live with you.** Specify:	19.	$ 0.00
20. **Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I*: *Your Income.***		
20a. Mortgages on other property	20a.	$ 2,400.00
20b. Real estate taxes	20b.	$ 0.00
20c. Property, homeowner's, or renter's insurance	20c.	$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d.	$ 200.00
20e. Homeowner's association or condominium dues	20e.	$ 0.00

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

21. **Other**. Specify: See Attachment 1 — 21. +$ 16,817.07

22. **Calculate your monthly expenses.**
22a. Add lines 4 through 21. — $ 21,282.07
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 — $
22c. Add line 22a and 22b. The result is your monthly expenses. — 22. $ 21,282.07

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I.* — 23a. $ 26,136.35

23b. Copy your monthly expenses from line 22 above. — 23b. − $ 21,282.07

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*. — 23c. $ 4,854.28

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.
☐ Yes. Explain here:

Attachment
Debtor: CAMERON BASSETT GALLAWAY Case No:

Attachment 1

Description: safe deposit box
Amount: 5.00

Description: HOA and property tax for Ainaloa
Amount: 8.50

Description: business expenses
Amount: 16,803.57

Fill in this information to identify your case:

Debtor 1	CAMERON	BASSETT	GALLAWAY
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Nevada

Case number ______ (If known)

❑ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. ***Schedule A/B: Property*** (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from *Schedule A/B*	$ 846,060.00
1b. Copy line 62, Total personal property, from *Schedule A/B*	$ 134,751.93
1c. Copy line 63, Total of all property on *Schedule A/B*	$ 980,211.93

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)	
2a. Copy the total you listed in Column A, *Amount of claim,* at the bottom of the last page of Part 1 of *Schedule D*	$ 1,918,233.86
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*	$
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*	+ $ 173,882.12
Your total liabilities	$ 2,092,115.98

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I) Copy your combined monthly income from line 12 of *Schedule I*	$ 26,136.35
5. *Schedule J: Your Expenses* (Official Form 106J) Copy your monthly expenses from line 22, Column A, of *Schedule J*	$ 21,282.07

Debtor 1 CAMERON BASSETT GALLAWAY Case number (*if known*)

First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. **What kind of debt do you have?**

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts**. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the *Statement of Your Current Monthly Income***: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. $ ______

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F***:

From Part 4 on *Schedule E/F*, copy the following:	**Total claim**
9a. Domestic support obligations (Copy line 6a.)	$______
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	$______
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	$______
9d. Student loans. (Copy line 6f.)	$______
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	$______
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ $______
9g. **Total.** Add lines 9a through 9f.	$______

Fill in this information to identify your case:

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Debtor 2 ______________________________
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Nevada

Case number ______________________________
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person______________________________. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

✘ /s/ CAMERON BASSETT GALLAWAY
Signature of Debtor 1

✘ ______________________________
Signature of Debtor 2

Date 06/07/2017
MM / DD / YYYY

Date ________________
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Nevada

Case number
(If known)

❑ Check if this is an amended filing

Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

Unsecured claim

1

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ______________ $______________

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?
- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $__________

Value of security: - $__________

Unsecured claim $__________

2

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ______________ $______________

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?
- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $__________

Value of security: - $__________

Unsecured claim $__________

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

Unsecured claim

3

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim?

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?

- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $
- Value of security: - $
- Unsecured claim $

$

4

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim?

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?

- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $
- Value of security: - $
- Unsecured claim $

$

5

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim?

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?

- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $
- Value of security: - $
- Unsecured claim $

$

6

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim?

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?

- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $
- Value of security: - $
- Unsecured claim $

$

7

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim?

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?

- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $
- Value of security: - $
- Unsecured claim $

$

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

Unsecured claim

8

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ______

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?

- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $______

Value of security: - $______

Unsecured claim $______

$______

9

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ______

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?

- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $______

Value of security: - $______

Unsecured claim $______

$______

10

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ______

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?

- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $______

Value of security: - $______

Unsecured claim $______

$______

11

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ______

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?

- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $______

Value of security: - $______

Unsecured claim $______

$______

12

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ______

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?

- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $______

Value of security: - $______

Unsecured claim $______

$______

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)____________________

Unsecured claim

13

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ____________

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?
- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $__________
- Value of security: - $__________
- Unsecured claim $__________

$__________

14

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ____________

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?
- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $__________
- Value of security: - $__________
- Unsecured claim $__________

$__________

15

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ____________

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?
- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $__________
- Value of security: - $__________
- Unsecured claim $__________

$__________

16

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ____________

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?
- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $__________
- Value of security: - $__________
- Unsecured claim $__________

$__________

17

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ____________

As of the date you file, the claim is: Check all that apply.
- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?
- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $__________
- Value of security: - $__________
- Unsecured claim $__________

$__________

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

Unsecured claim

18

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ____

$____

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?

- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $____

Value of security: − $____

Unsecured claim $____

19

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ____

$____

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?

- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $____

Value of security: − $____

Unsecured claim $____

20

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? ____

$____

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed
- ❑ None of the above apply

Does the creditor have a lien on your property?

- ❑ No
- ❑ Yes. Total claim (secured and unsecured): $____

Value of security: − $____

Unsecured claim $____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

✘ /s/ CAMERON BASSETT GALLAWAY
Signature of Debtor 1

✘ ____
Signature of Debtor 2

Date 06/07/2017
MM / DD / YYYY

Date ____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1: CAMERON (First Name) BASSETT (Middle Name) GALLAWAY (Last Name)

Debtor 2 (Spouse, if filing): First Name _____ Middle Name _____ Last Name _____

United States Bankruptcy Court for the: Nevada

Case number (If known) __________

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. **What is your current marital status?**

☐ Married
☒ Not married

2. **During the last 3 years, have you lived anywhere other than where you live now?**

☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street City State ZIP Code	From ____ To ____	☐ Same as Debtor 1 Number Street City State ZIP Code	☐ Same as Debtor 1 From ____ To ____
Number Street City State ZIP Code	From ____ To ____	☐ Same as Debtor 1 Number Street City State ZIP Code	☐ Same as Debtor 1 From ____ To ____

3. **Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No
☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

Part 2: Explain the Sources of Your Income

4. **Did you have any income from employment or from operating a business during this year or the two previous calendar years?**
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	**Gross income** (before deductions and exclusions)	**Sources of income** Check all that apply.	**Gross income** (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	☐ Wages, commissions, bonuses, tips ☒ Operating a business	$ 133,719.77	☐ Wages, commissions, bonuses, tips ☐ Operating a business	$
For last calendar year: (January 1 to December 31, 2016) YYYY	☐ Wages, commissions, bonuses, tips ☐ Operating a business	$ 0.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	$
For the calendar year before that: (January 1 to December 31, 2015) YYYY	☐ Wages, commissions, bonuses, tips ☐ Operating a business	$ 0.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	$

5. **Did you receive any other income during this year or the two previous calendar years?**
Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	**Gross income from each source** (before deductions and exclusions)	**Sources of income** Describe below.	**Gross income from each source** (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		$		$
		$		$
		$		$
For last calendar year: (January 1 to December 31, 2016) YYYY	on extension	$		$
		$		$
		$		$
For the calendar year before that: (January 1 to December 31, 2015) YYYY	IRA distributions	$ 10,349.00		$
		$		$
		$		$

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $6,425* or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of $6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $600 or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of $600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for…
Creditor's Name Number Street City State ZIP Code		$	$	☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other
Creditor's Name Number Street City State ZIP Code		$	$	☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other
Creditor's Name Number Street City State ZIP Code		$	$	☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (if known)

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

[X] No
[ ] Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name Number Street City State ZIP Code		$	$	
Insider's Name Number Street City State ZIP Code		$	$	

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
Include payments on debts guaranteed or cosigned by an insider.

[X] No
[ ] Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name Number Street City State ZIP Code		$	$	
Insider's Name Number Street City State ZIP Code		$	$	

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
- ☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title Summit Collection Services vs. Cameron Bassett Gallaway Case number D-140331	breach	Justice Court of Reno Court Name Number Street City State ZIP Code	☐ Pending ☐ On appeal ☒ Concluded
Case title Case number		Court Name Number Street City State ZIP Code	☐ Pending ☐ On appeal ☐ Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
- ☐ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name Number Street City State ZIP Code	Explain what happened ☐ Property was repossessed. ☐ Property was foreclosed. ☐ Property was garnished. ☐ Property was attached, seized, or levied.		$
Creditor's Name Number Street City State ZIP Code	Explain what happened ☐ Property was repossessed. ☐ Property was foreclosed. ☐ Property was garnished. ☐ Property was attached, seized, or levied.		$

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (if known)

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- [x] No
- [ ] Yes. Fill in the details.

	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name Number Street City State ZIP Code			$

Last 4 digits of account number: XXXX–

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- [x] No
- [ ] Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than $600 per person?

- [x] No
- [ ] Yes. Fill in the details for each gift.

Gifts with a total value of more than $600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you			$ $

Gifts with a total value of more than $600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you			$ $

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than $600 to any charity?

☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than $600	Describe what you contributed	Date you contributed	Value
Charity's Name			$
Number Street			$
City State ZIP Code			

Part 6: List Certain Losses

15. **Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

☐ No
☒ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property.*	Date of your loss	Value of property lost
house; wind and water damage	covered in whole	3/2017	$ 15,000.00

Part 7: List Certain Payments or Transfers

16. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No
☒ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Demetras & O'Neill Person Who Was Paid 230 E. Liberty Street Number Street Reno NV 89501 City State ZIP Code Email or website address Person Who Made the Payment, if Not You		09/08/15 06/07/17	$ 2,500.00 $ 3,000.00

Debtor 1 CAMERON BASSETT GALLAWAY Case number (if known)

First Name Middle Name Last Name

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code Email or website address Person Who Made the Payment, if Not You			$ $

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- [x] No
- [ ] Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code			$ $

18. **Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

- [ ] No
- [x] Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Michael Carpenter Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you none	2001 BMW 540I	$1,500.00	5/2/2017
Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you			

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (*if known*)

19. **Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices*.)

- [x] No
- [ ] Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust		

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. **Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- [x] **No**
- [ ] **Yes. Fill in the details.**

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution Number Street City State ZIP Code	XXXX–___ ___ ___ ___	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other______		$
Name of Financial Institution Number Street City State ZIP Code	XXXX–___ ___ ___ ___	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other______		$

21. **Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

- [ ] **No**
- [x] **Yes. Fill in the details.**

	Who else had access to it?	Describe the contents	Do you still have it?
US Bank Name of Financial Institution Number Street City State ZIP Code	Cameron Gallaway Name Number Street City State ZIP Code	documents/will	☐ No ☒ Yes

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name
Case number (if known)

22. **Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

- [x] No
- [ ] Yes. Fill in the details.

	Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility Number Street City State ZIP Code	Name Number Street City State ZIP Code		☐ No ☐ Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- [ ] No
- [x] Yes. Fill in the details.

	Where is the property?	Describe the property	Value
Lisa Gallaway Owner's Name 3585 BLUE JAY COURT Number Street RENO NV 89509 City State ZIP Code	2858 SHALE CREEK DRIVE Number Street RENO NV 89511 City State ZIP Code	non-operable 2002 Range Rover	$ Unknown

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ***Environmental law*** **means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.**
- ***Site*** **means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.**
- ***Hazardous material*** **means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.**

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. **Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- [x] No
- [ ] Yes. Fill in the details.

	Governmental unit	Environmental law, if you know it	Date of notice
Name of site Number Street City State ZIP Code	Governmental unit Number Street City State ZIP Code		

Debtor 1 CAMERON BASSETT GALLAWAY
First Name Middle Name Last Name

Case number (if known)

25. **Have you notified any governmental unit of any release of hazardous material?**

- [x] No
- [ ] Yes. Fill in the details.

	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

26. **Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- [x] No
- [ ] Yes. Fill in the details.

	Court or agency	Nature of the case	Status of the case
Case title	Court Name		☐ Pending
	Number Street		☐ On appeal
Case number	City State ZIP Code		☐ Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- [ ] A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- [ ] A member of a limited liability company (LLC) or limited liability partnership (LLP)
- [ ] A partner in a partnership
- [ ] An officer, director, or managing executive of a corporation
- [ ] An owner of at least 5% of the voting or equity securities of a corporation

- [ ] No. None of the above applies. Go to Part 12.
- [x] Yes. Check all that apply above and fill in the details below for each business.

	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Gallaway Ventures Inc Business Name	handyman services	EIN: 2 0 – 4 6 6 7 1 5 2
Number Street	Name of accountant or bookkeeper	Dates business existed
City State ZIP Code		From 5/6/2007 To N/A

	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
See Attachment 1 Business Name	handyman services	EIN: 2 0 – 8 8 5 3 9 9 6
Number Street	Name of accountant or bookkeeper	Dates business existed
City State ZIP Code		From 5/6/2007 To See 1

Debtor 1 CAMERON BASSETT GALLAWAY Case number (*if known*)
First Name Middle Name Last Name

Handyman Connection **Business Name**	**Describe the nature of the business** handyman services	**Employer Identification number** **Do not include Social Security number or ITIN.** **EIN:** __ __ – __ __ __ __ __ __ __
Number Street	**Name of accountant or bookkeeper**	**Dates business existed**
City State ZIP Code		**From** 5/6/2007 **To** 4/12/2017

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- [x] **No**
- [ ] **Yes. Fill in the details below.**

	Date issued
Name	**MM / DD / YYYY**
Number Street	
City State ZIP Code	

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✘ /s/ CAMERON BASSETT GALLAWAY
Signature of Debtor 1

Date 7 June 2017

✘ ____________________
Signature of Debtor 2

Date ____________

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- [x] No
- [ ] Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- [x] No
- [ ] Yes. Name of person____________________. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Attachment

Debtor: CAMERON BASSETT GALLAWAY Case No:

Attachment 1

Gallaway Construction dba ZCam Construction

Attachment 1

12/31/2016

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
NEVADA

In re
CAMERON BASSETT GALLAWAY

Case No. ____________________

Debtor

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

   For legal services, I have agreed to accept . . . . $ 5,500.00

   Prior to the filing of this statement I have received . . . . $ 5,500.00

   Balance Due . . . . $ 0.00

2. The source of the compensation paid to me was:

   [X] Debtor   [ ] Other (specify)

3. The source of compensation to be paid to me is:

   [ ] Debtor   [ ] Other (specify)

4. [X] I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

   [ ] I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

   a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

   b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

   c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~

e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

adversary proceedings

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 7, 2017
Date

/s/ /s/ J. Craig Demetras
Signature of Attorney

Law Offices of J. Craig Demetras
Name of law firm

UNITED STATES BANKRUPTCY COURT
Nevada

In re: **CAMERON BASSETT GALLAWAY**

Case No. ____________

Chapter **11**

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing:	$ **233,621.52**	

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income:		$ **19,468.46**

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor)	$	
4. Payroll Taxes	**N/A**	
5. Unemployment Taxes		
6. Worker's Compensation		
7. Other Taxes		
8. Inventory Purchases (Including raw materials)		
9. Purchase of Feed/Fertilizer/Seed/Spray		
10. Rent (Other than debtor's principal residence)		
11. Utilities		
12. Office Expenses and Supplies		
13. Repairs and Maintenance		
14. Vehicle Expenses		
15. Travel and Entertainment		
16. Equipment Rental and Leases		
17. Legal/Accounting/Other Professional Fees		
18. Insurance		
19. Employee Benefits (e.g., pension, medical, etc.)		
20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):		
21. Other (Specify):		
business expenses	**16,803.57**	
22. Total Monthly Expenses (Add items 3 - 21)		$ **16,803.57**

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2)		$ **2,664.89**

UNITED STATES BANKRUPTCY COURT
NEVADA

In re

CAMERON BASSETT GALLAWAY

Debtors.

Chapter 11

Case No.

STATEMENT OF MONTHLY GROSS INCOME

The undersigned certifies the following is the debtor's monthly income.

Income:		Debtor
Six months ago	$	**17,770.99**
Five months ago	**$**	**18,131.93**
Four months ago	**$**	**4,021.99**
Three months ago	**$**	**27,062.33**
Two months ago	**$**	**30,717.17**
Last month	**$**	**20,606.35**
Income from other sources	**$**	**5,780.00**
Total Gross income for six months preceding filing	**$**	**124,090.76**
Average Monthly Gross Income	**$**	**20,681.79**

Dated: June 7, 2017

/s/ CAMERON BASSETT GALLAWAY
CAMERON BASSETT GALLAWAY
Debtor

J. Craig Demetras, 4246
230 E. LIBERTY STREET
RENO, Nevada 89501
Telephone: (775) 348-4600 Fax: (775) 348-9315
Email: mail@demetras-oneill.com
Name, Address, Telephone No., Bar Number, Fax No. & E-mail address

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEVADA

* * * * * *

In re:	)	BK-
	)	Chapter: **11**
CAMERON BASSETT GALLAWAY	)	
Debtor.	)	
	)	DECLARATION RE: ELECTRONIC FILING OF PETITION, STATEMENTS AND PLAN (if applicable)
______________________________	)	

PART I-DECLARATION OF PETITIONER

I [We] **CAMERON BASSETT GALLAWAY** and ______________________________, the undersigned debtor(s) hereby declare under penalty of perjury that the information I have given my attorney and the information provided in the electronically filed petition, statements, schedules, amendments and plan (if applicable) as indicated above is true and correct. I consent to my attorney filing my petition, this declaration, statements, schedules and plan (if applicable) as indicated above to the United States Bankruptcy Court. I understand that this DECLARATION: RE ELECTRONIC FILING is to be filed with the Clerk once all schedules have been filed electronically but, in no event, no later than 14 days following the date the petition was electronically filed. I understand that failure to file the signed original of this DECLARATION will cause my case to be dismissed pursuant to 11 U.S.C. § 707 (a)(3) without further notice.

☒ If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7 or 13. I am aware that I may proceed under chapter 7, 11, 12 or 13 of 11 United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 or 13. I request relief in accordance with the chapter specified in this petition.

☐ [If petitioner is a corporation or partnership] I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in this petition.

Dated: **June 7, 2017**

Signed: **See Attachment 1** ______________________
Applicant Joint Applicant

PART II-DECLARATION OF ATTORNEY

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of 11 United States Code, and have explained the relief available under each such chapter.

Dated: **June 7, 2017**

Signed: ***/s/ /s/* J. Craig Demetras**
Attorney for Debtor(s)

Attachment

Debtor: CAMERON BASSETT GALLAWAY Case No:

Attachment 1

/s/ CAMERON BASSETT GALLAWAY

UNITED STATES BANKRUPTCY COURT
Nevada

In re:

CAMERON BASSETT GALLAWAY,

Debtor(s)

Case No. BKY

Chapter 11 Case

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, , declare under penalty of perjury that I am the duly appointed and qualified guardian ad litem of CAMERON BASSETT GALLAWAY, that I am authorized to file a voluntary petition commencing a chapter 11 voluntary bankruptcy case on behalf of CAMERON BASSETT GALLAWAY, and that a certified copy of my appointment as such guardian ad litem is attached and made a part of this statement.

Executed on: June 7, 2017	Signed:
	2858 Shale Creek Drive, Reno, NV 89511 (*Name and Address of Subscriber*)

ALLIED COLLECTION SERVICE

BENNETT MEDICAL SERVICE
P.O. BOX 13150
OVERLAND PARK, KS 66282-2141

BSI
314 S. FRANKLIN STREET
TITUSVILLE, PA 16354

BSI
P. O. BOX 517
TITUSVILLE, PA 16354

CARSON TAHOE HEALTHCARE
P. O. BOX 1660
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NEVADA DEPARTMENT OF TAXATION
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SAN ANTONIO, TX 78244

USAA SAVINGS BANK
P. O. BOX 33009
SAN ANTONIO, TX 78265-3009

UNITED STATES BANKRUPTCY COURT
Nevada

In re: **CAMERON BASSETT GALLAWAY**
Debtors

Case No. ______________________

Chapter **11**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **June 7, 2017**

Signed: ***/s/* CAMERON BASSETT GALLAWAY**

Dated: ______________________

Signed: ______________________